

REQUEST FOR APPROVAL FOR ATTENDANCE AT EVENT

DEPARTMENT OF _____

Name _____ Division _____

Title _____ Telephone _____ Fax _____

Event _____

Sponsor _____

Is the sponsor an "interested party"? Yes _____ No _____

Is the sponsor a nonprofit organization? Yes _____ No _____

If Yes, is the employee or agency a member? Yes _____ No _____

Does the organization have any contracts with the State? Yes _____ No _____

Event Location _____ Date(s) _____

Overnight accommodation required? Yes _____ No _____

Out-of-state travel required? Yes _____ No _____

Estimated cost? \$ _____

Agency to pay cost? Yes _____ No _____

Sponsor to pay cost? Yes _____ No _____

Employee to pay cost? Yes _____ No _____

Reason for attendance:

Has sponsor offered an honorarium or fee? Yes _____ No _____

Employee Signature _____ Date _____

Attendance approved Yes _____ No _____ Note: Acceptance of honoraria or fees is not permitted.

Conditions: _____

Signature _____ Date _____

